University HospitalsGeauga Medical Center

MEMORANDUM

Date: Jan 26, 2015	Subject:	Performance Improvement Plan
To: Frank Dundee, RPh (1134745)	Action Required:	Review & Sign
From: Rachael Lerman	Cc:	Department Head - HR, Personnel File
Check one of the following: ☐ Initial PIP ☐ 30 day follow-up	☐60 day follow-up 🛛 9	0 day follow up ⊠ Final

It is my expectation and goal for all the Pharmacy employees to meet and successfully achieve their annual goals. All pharmacy employees are required to participate in a midpoint evaluation. This allows the employee time to improve his/her performance prior to the next annual evaluation.

The following Performance Improvement Plan (PIP) was prepared based on previous discussions about completing assigned duties during all shifts to ensure continuity of patient care and to leave minimal work for following shifts.

This PIP has been successfully completed. The statistics are provided below. Continued completion of these tasks is expected.

Issue: Check EMS boxes and code trays during your shift

Month	Number of EMS Boxes Checked	Number Checked by F. Dundee
L.b. 2044	75	0
July 2014 August 2014	75	0
September 2014	89	0
October 2014, through 10/13	51	1
October 2014, direction 10/13	86	6
November 2014	75	11
December 2014	102	19
January 2015, through 1/16		5

Month	Number of Code Trays Checked	Number Checked by F. Dundee
July 2014	5	0
August 2014	11	0
September 2014	14	0
October 2014, through 10/10	3	0
October 2014, fill digit 15.10 October 2014 after 10/13	15	1
November 2014	15	2
December 2014	18	0
January 2015, through 1/16		3

EXHIBIT 1-J

Expectation for improvement: You will check a minimum of 10 EMS boxes and/or code trays per month and document them on the appropriate log sheets. It is your responsibility to ask for any re-training on these duties, should you believe you need additional training.

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Month	Number of Code Trays and EMS Boxes Checked
October 13-31, 2014	7
	13
November 2014	19
December 2014	13
January 2015, through 1/16	8

Timeframe for improvement: Immediate, with demonstrated consistency of meeting these guidelines. I will follow up with you on 11/18/2014 and monthly thereafter on this specific item with feedback on your performance. The next meeting will be scheduled in approximately 4 weeks for continued follow-up.

This plan is meant to assist you with being successful as a University Hospitals employee. I am available to offer any assistance to you to be successful. At the same time, I expect that you be able to demonstrate your ability to comply with these directives.

Finally, I will provide you with on-going feedback on your performance relative to the performance issues indicated above. This feedback will be provided face-to-face, and documented so that we continue with clear communications on University Hospitals expectations for you and your job. Therefore, the following is the schedule of our follow-up meetings:

First follow-up meeting: 11/18/2014 at 7am

Second follow-up meeting: not scheduled due to conflicts and holidays

Third follow-up meeting: 1/26/2015

Please note that this Performance Improvement Plan does not guarantee you another 60 (or 90) days of employment – it is not intended to change the at-will nature of your employment. This Performance Improvement Plan is intended to allow you a reasonable amount of time to correct the performance issues noted in this document and the attached performance review.

Any additional performance issues will be dealt with according to University Hospitals Corrective Action Policy, and will result in additional Corrective Action, up to and including termination.

Employee Acknowledgement and Receipt of this Document:	
7 Company Signature	()) () Date
Employee Signature Para al Serman	1-27-15
Supervisor Signature	Date